

SAFETY AWARDS APPLICATION FORM FOR HOSPITALS - 2018

Part A

Name:	
Address:	
Telephone:	
Email:	
Website:	
Hospital Type: Government//Private/ Municipal/Trustee/Charity.	
Year of establishment of hospital	
Give details of accreditations received by the hospital	
Hospital beds capacity	
No of Floors- Basement plus others	
Total built area in each floor	
No of internal stair case and its width	
No of external stair case and its width	
No of Lifts with Capacity:	
1. Passenger	
2. Stretcher	
3. Fire	
Total number of Employees (include all category)	
No. of Canteen with seating capacity	
No. of emergency exit provided	
Do you a written emergency plan	

Part B

1. FIRE PREVENTION	
Attach the fire NOC obtained from the Fire and Rescue department:	
Does your Hospital face any fire incident in 2018:	
Is any notice received from fire and rescue department for noncompliance in 2018	

Do you have adequate fire extinguishers? Give the number.	
Are the safety and security staffs are trained in fire evacuation procedures at least once a year?	
Do you have the checklist relating to fire alarm system, fire detection, emergency lighting and portable fire fighting equipment completed and recorded?	
Do you conduct fire drills involving all team members periodically?	
Does your hospital have a qualified Safety Officer?	
How many professional fire protection staffs are available	
Do you have any Safety Committee, if yes who are its members?	
Do you have a Safety Policy, if yes attach a copy of the same	
Whether assembly point marked clearly in the case of emergency?	
Whether adequate fire and safety directional sign boards installed?	
Whether any mock drills are conducted in 2018 for fire protection and awareness, if yes, submit the report of the same	
2. SECURITY	
Is your security familiar with the fire evacuation, fighting, emergency management procedures	
3. FOOD SAFETY	
Does your canteen follows guidelines in line with local and national food hygiene regulations and receives inspection from local authority officials? Give Food safety lisenace number and validity date.	
4. WORKPLACE SAFETY	
Do you arrange for periodic internal and external inspections to ensure hazards are identified and removed or control measures implemented?	

5. INSPECTIONS AND SUPPORT	
Do you conduct periodic inspections to support safety and general welfare conditions to confirm compliance with the stipulated legislation and to highlight hazards requiring attention? Are these reports presented to the management?	
6. ACCIDENT REPORTING	
Do you report accidents and near misses?	
7. EMERGENCY PROCEDURES AND INCIDENT CONTROL	
What are the procedures covering a wide variety of crisis situations such as chemical spillage, guest illness, food contamination, bomb threats etc.	
8. WATER HYGIENE	
Do you carry out water hygiene assessments and regular sampling	
Do you give safety training to staff regularly?	
9. ELECTRICAL SAFETY	
Give details of electrical inspections conducted during 2018	
10. GAS SAFETY	
Give details of cooking gas safety measures in the canteen.	
What is your procedure of storing medical gases?	
11. BIO MEDICAL WASTES	
Do you have Bio-medical waste treatment plant? Or how do you dispose biomedical waste?	
Have you got consent from state pollution control boards	
12. HUMAN RESOURCES / TEAM MEMBERS	
Give details of safety training given to hospital staff.	
Do you have suggestion scheme on safety?	

13. GENERAL	
Have you displayed guest fire evacuation notice in rooms and corridors?	
How many emergency fire escapes you are having in the hospital?	

I hereby declare that the above given particulars are true.

Signature

CEO

Date